

SC / OIL Hourly Payment Request Form

Employee and Employer Statement

Please read the instructions on page 2 before completing the application

OFFICE USE ONLY
Date Received in Office

Employee Section	
Employee's name:	BWC Claim #:
Date of Injury:	Employee ID #:
Name of physician (please print):	Physician phone #:
<p>I am a full-time permanent employee on a transitional work assignment equivalent to my regularly scheduled hours and am continuing to seek treatment related to my workers' compensation claim.</p> <p>I am requesting _____ Salary Continuation Benefits or _____ Occupational Injury Leave benefits for 1 hour of time for: Date: _____ From: _____ am/pm To: _____ am/pm</p> <p>In order to be eligible to receive payment in hourly increments, I have;</p> <p>_____ attempted to schedule my appointment during non-working hours and;</p> <p>_____ worked with my employer to flex my schedule to accommodate the appointment</p> <p>I understand that if I have not explored the above two options, I am not eligible to receive payment for my physician appointment.</p>	
Employee Signature:	Date:

Physician Section	
Office Stamp:	OR: Name: _____ Address: _____ City, State & Zip: _____ Telephone Number: _____
I verify that the above named injured worker was seen in this office on _____ (DATE) at _____ (TIME)	
Physician Signature:	Date:

Employer Section	
Employer name:	BWC Policy #:
Is the employee participating in a transitional work assignment working regularly scheduled hours? _____ Yes _____ No Has the employee attempted to schedule his/her appointment during non working hours? _____ Yes _____ No Has the employee worked with the employer in attempt to flex his/her schedule to accommodate the appointment? _____ Yes _____ No	
Employer recommends: _____ Approval _____ Denial	
Comments:	
Employer Designee Signature:	Date:

Employee and Employer Instructions for completing the SC / OIL Hourly Payment Request Form

A full-time permanent employee on a transitional work assignment equivalent to his/her regularly scheduled hours who has continuing treatment related to his/her OIL or Workers' Compensation claim must first, attempt to schedule the appointment during non-working hours, second, if the employee is unable to schedule the appointment during non-working hours, the employee must work with the employer to flex his/her schedule to accommodate the appointment. After the first two (2) options have been exhausted, the employee may use any remaining OIL or salary continuation hours to attend the appointment, not to exceed one (1) hour per appointment, with a maximum of three (3) appointments per week.

Employee Section – Complete in its entirety

The injured employee is responsible for completing the employee section

The employee should check both options to be eligible to request this payment

- 1) attempted to schedule my appointment during non-working hours and;
- 2) worked with my employer to flex my schedule to accommodate the appointment

The employee should take the form to his/her physician appointment and ask his/her physician to complete the physician's section.

Once the physician's section is complete and the employee returns to work from his/her appointment, this application can be submitted to the benefits coordinator.

Physician Section – Complete in its entirety

The employee's physician needs to verify that the employee was actually seen in his/her office on the Requested date.

Employer Section – Complete in its entirety

The employer is responsible for completing the employer section

The employer may contact the employee's physician to verify that the employee attempted to schedule the initial appointment during non-working hours.

Once the form is complete, fax to the Third Party Administrator at (614) 764-1749.